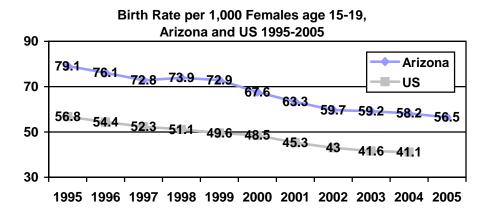
Teen Pregnancy in Arizona

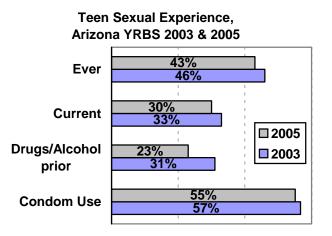
How big of a problem is it?

- Teen birth rates and pregnancy rates in Arizona and the nation have declined over the past decade
- The pregnancy rate among 15-19 year olds in Arizona dropped 32% from 96.1 per 1,000 in 1995 to 65.6 per 1,000 in 2005.
- The birth rate among 15-19 year olds was 56.5 per 1,000 in 2005 compared to 79.1 in 1995.
- However, Arizona birth rates are still substantially higher than the U.S.
 - In 2004, Arizona had the 6th highest birth rate for females age 15-19



Why are rates declining?

- The percentage of teens having sex has dropped. Nationally, the percentage of males aged 15-19 who ever had sexual intercourse declined substantially between 1995 and 2005, from 54% to 47%. Teenagers are also delaying sex until older ages. In 2002, 13% of never-married female teens had had sex before age 15 compared to 19% in 1995; 15% of males had done so compared to 21% in 1995.¹
 - 2005 Arizona YRBS results:
 43% of students have had sex
 (compared to 46% in 2003);
 30% were sexually active in
 past 3 months (compared to
 33% in 2003); the percentage of
 students who drank alcohol or
 used drugs before last sexual
 intercourse decreased from
 31% in 2003 to 23% in 2005;
 the percentage of sexually
 active students who used a
 condom during their last sexual
 intercourse dropped slightly
 from 57% in 2003 to 55% in 2005. ²



Last updated 1/18/07

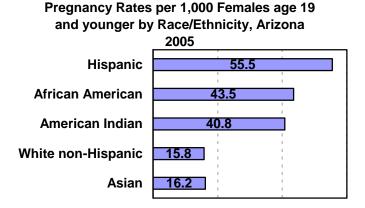
¹ National Campaign to Prevent Teen Pregnancy: www.teenpregnancy.org

² Arizona Department of Education, Youth Risk Behavior Survey: www.ade.az/gov/schooleffectiveness/health/matrix/YRBS2005results

The percentage of teens using condoms and contraceptives has increased. National statistics indicate that males and females whose first intercourse occurred in the mid-nineties through 2002 are much more likely to be protected at first intercourse than their counterparts having first sex before 1990. About 3 out of 4 teens used a method of contraception at their first intercourse. About 91% of males and 83% of females used a method last time they had intercourse.³

Who is affected?

- 13,898 teens ages 19 and younger got pregnant in Arizona during 2005. Live births totaled 11,933 (185 of these were to teens under 15 years old).
- Among teens who were pregnant in 2005:
 - o 36% were under 18 years of age
 - 86% were unmarried
- Of teens ages 15-19 who gave birth in 2005, 21% had a previous birth. The repeat birth rate for teenagers who had already had a child declined by 27% from 16.5 per 1,000 in 1995 to 12.0 per 1,000 teens age 15-19 in 2005.
- Hispanics have the highest pregnancy rates, followed by African Americans. Hispanics accounted for 56% of all pregnancies among females age 19 and younger. National statistics indicate that Hispanic females and males are less likely to use contraceptive protection the first time they have sex.3

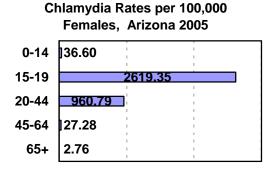


What are the consequences?

- Previous research has indicated that teen moms are more likely to be single parents, have lower educational attainment, more likely to be living in poverty, and spend longer periods of time on public assistance.
- 41% of teens ages 15-19 giving birth did not receive adequate prenatal care.
- Teens under 15 years of age that give birth are more likely to have premature births, stillbirths, and babies with low birth weights.

³ National Campaign to Prevent Teen Pregnancy: www.teenpregnancy.org

- Sexually transmitted diseases (STDs):
 - Chlamydia rates are
 highest among female
 teens in Arizona.
 Chlamydia and gonorrhea
 can cause pelvic
 inflammatory disease,
 infertility, chronic, longterm pelvic pain, and
 pregnancy complications.
 Other common STDs
 include syphilis, genital
 warts and genital herpes.



What is the financial public cost of teen pregnancy?

- An analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing (teens 19 and younger) in Arizona cost taxpayers (federal, state, and local) at least \$252 million in 2004. Between 1991 and 2004 there have been more than 158,300 teen births in Arizona, costing taxpayers a total of \$3.4 billion over that period. Because the teen birth rate in Arizona declined 25% between 1991 and 2004, an estimated \$101 million (in taxpayers dollars) was saved in 2004 alone.⁴
- Public health insurance (AHCCCS & IHS) paid for 82% of teen births in Arizona during 2005.
- In 2005, hospital stays of teens with pregnancy and delivery-related diagnoses resulted in total charges to AHCCCS/Medicaid of over \$94 million dollars.

What are we doing? Arizona has established a goal to reduce the pregnancy rate of 15-19 year olds by 20% between 2006 and 2015.

- ADHS employs multiple strategies: abstinence, comprehensive sexuality education, and family planning. Strategies are based on what we know from the emerging field of best practices (Dr. Kirby and others). Best practices focus on delivering a clear message about abstaining from sex as the safest choice for teens as well as using protection against STDs and pregnancy if a teen is sexually active. Encouraging abstinence and urging better use of contraception are compatible goals. In addition to curriculum-based education, service learning, youth development, and parent education can also be effective strategies.⁵
- Abstinence education programs will serve 20,708 youth in curriculum-based programs and 439 youth in youth development programs in 2006-2007. The program will also be able to reach 1,769 parents. Abstinence education is funded by a federal, state, and lottery dollars totaling about \$2.8 million this year. Abstinence education focuses on younger teens, parent education, and youth development. Common

⁴ Arizona Coalition on Adolescent Pregnancy and Parenting: www.azteenpregnancy.org

⁵ Arizona Department of Health Services, Office of Women's and Children's Health, 5 year Maternal and Child Health Needs Assessment: www.azdhs.gov/phs/owch/newonweb.htm.

elements of education include goal-setting, refusal skills, communication skills, healthy relationships, birth control methods, and consequences of teen pregnancy such as STDs, potential for dropping out of school, and living in poverty. Parent education focuses on learning about teen sexual behavior, the impact of the media on teens, and how to communicate with your children. Currently 12 projects in 10 counties are funded. The program is expanding education in 2007 with the release of \$300,000 in additional funds through grants to provide services to underserved and unserved areas of the state. Lottery revenue dollars are used to fund an abstinence media campaign.⁶

- Comprehensive sex education projects are funded through lottery dollars (Proposition 203). By law, lottery funds can be spent to help local communities develop culturally diverse programs and strategies that are designed to reduce the incidence of teen sexual activity and sexually transmitted diseases. Funds can also be spent on comprehensive media and public relations campaigns that promote an abstinence-only message. Seven community-based projects are currently being funded for a total of about \$820,000 per year. With the most recent allocation of lottery dollars, ADHS is in the process of developing and funding parent education projects and a parent education media campaign. Funds will also be used to support teen pregnancy prevention programs for Native American youth, youth in foster care and the juvenile justice system, and at-risk youth receiving other services from community-based organizations.
- **Family planning** services are provided in clinics located in 10 county health departments. Family planning clinics are funded by the federal Maternal and Child Health Services Block Grant dollars. There are 24 clinic sites serving 5,580 clients. Approximately 22 percent of the clients served are teens.
- Collaborative efforts include participation in the Interagency Workgroup on Teen Pregnancy and STD prevention. In addition, the Governor's Commission on the Health Status of Arizona Women and Families has established a subcommittee on teen pregnancy to identify strategies and collaborative efforts to address the issue. This commission is supported by the Title V Maternal and Child Health Block Grant.